

of the Political Reform Act," Part X.

#### CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)

For use by candidates/officeholders and their controlled committees. 1983 (Type or Print in Ink) OFFICIAL USE-ONLY \_\_ through\_\_\_12-31-83 Statement covers period from 6-30-83 DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE): TOTAL PAGES: ETY CLERK 4-10-84 CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT NAME OF CANDIDATE: OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT CITY COUNCIL - LODI BRENT BLEIER 209 334-4918 95240 1764 LeBec Court Lodi 404 W. Pine St. Lodi Сa 95240 209 333-2146 Ste Two 11 CONTROLLED COMMITTEES\* INCLUDED IN THIS CONSOLIDATED REPORT NAME OF COMMITTEE: I.D. NUMBER 340072 COMMITTEE TO ELECT BRENT BLEIER STATE ZIP CODE PHONE NUMBER 404 West Pine St Сa 95240 209 333-2146 Ste Two Lodi Edward Wild 217 CODE AREA CODE PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE PHONE NUMBER 95240 1009 Kirkwood Dr. 369-7984 Lodi Са 209 I.D. NUMBER TORESS OF COMMITTEE: NO. AND STREET STATE 218 CODE AREA CODE PHONE NUMBER CITY NAME OF TREASURER: PERMANENT ADDRESS OF TREASURER: NO. AND STREET STATE ZIP CODE AREA CODE PHONE NUMBER Attach additional information on appropriately labeled continuation sheets. 111 CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY. COMMITTEE NAME Controlled Committee?\* AND I.D. NUMBER COMMITTEE ADDRESS TREASURER NO Attach additional information on appropriately labeled continuation sheets. • (A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.) VERIFICATION I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation. 00 Executed on CITY AND Executed on declare under penalty of perjury that to the best of my knowledge this statement and its school correct and complete and the tites are true treasurer(s) of this committee(s) has used all reasonable diligence in the preparation of dules.

# CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

FORM 420, 430 OR 490

STATEMENT COVERS PERIC (Amounts May Be Rounded To Whole Dollars) FROM THROUGH 6-30-83 12-31-83 PMENDES I.D. NUMBER (IF COMMITTEE ME OF CANDIDATE OR COMMITTEE Topminara Commister #821459 340072 COMMITTEE TO ELECT BRENT BLEIER COLUMN A COLUMN B COLUMN C Cumulative Total this period Cumulative total from from attached to data schedules (Columns A + B) previous period CONTRIBUTIONS RECEIVED Monetary contributions . . . . . . . . . 372 372 SCHEDULE 3, LINE & 372 3 Non-monetary contributions . . . . . . SCHEDULE C, LINE 3 5. SCHEDULE D. LINE 7 372 372 TOTAL CONTRIBUTIONS..... LINES 1 - 4 - 5 COLUMNS A + 3 (SHOULD EQUAL LINES 3 + 1 - 3 LINES 1 - 4 - 5 **EXPENDITURES MADE** 7. Payments.......... 372 Accrued expenses (unpaid bills) . . . . . 2117 2117 SCHEDULE F. LINE S TOTAL EXPENDITURES ..... 2489 2489 LINES 7 + 4 \*If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pledges. STATEMENT OF CHANGES IN FINANCIAL CONDITION Cash on hand at the beginning of this period: (Line 14 of previous statement) . S \_\_0\_ 10. 11. 372 Miscellaneous adjustments to cash (Schedule G, Line 7) . . . . . . . . . . . . . 12. 372 13. Cash on hand at closing date (Lines 10+11+12-13 above)\*...... 14. 2489 15. Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)...... 16. s (2489 Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15) . . . . . . . . . . \*Ending cash on hand should not be a negative amount. SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse) 1/ 1 thru 6 /30 7/1 to date 18. CONTRIBUTIONS RECEIVED: 19. EXPENDITURES MADE:

# SCHEDULE B

# LOANS

# FORM 420, 430 OR 490

STATEMENT COVERS PERIO

(Amounts May Be Rounded To Whole Dollars)

6 30 93 13 31 93

| NAME O        | F CANDIDATE OR COMMITTEE:  | <u>'</u>               | AMENIA                               | <u>.</u>              | <del></del> . | 6-30-83                 | 12-31-83                                 |
|---------------|--|------------------------|--------------------------------------|-----------------------|---------------|-------------------------|--|
|               | OMMITTEE TO ELECT BRENT BLE  | FIFR                   |                                      | es Commirrer #        | 82145         |                         | (11 201111111111111111111111111111111111 |
|               | I – LOANS RECEIVED   |                        |                                      |                       |               | 3 10072                 |  |
| DATE<br>REC'D | FULL NAME AND ADDRESS OF<br>LENDER AND ANY GUARANTORS OR<br>COSIGNERS (1F COMMITTEE, ALSO ENTER<br>1.D. NUMBER OR TREASURER'S<br>NAME AND ADDRESS) | OCCUPATION             | EMPLO<br>(IF SELF-EMPLO<br>NAME OF B | DYED, ENTER           | INT.          | AMOUNT<br>OF LOAN       | CUMULA-<br>TIVE<br>TO DATE               |
| 2-16-83       | Brenton A. Bleier<br>1764 LeBec Court<br>Lodi, California 95240  | Attorney               | Law Offices<br>Brenton A.            |                       | 0             | 372                     | 372                                      |
| <u></u>       |  |                        |                                      |                       |               |                         |  |
|               | If more space is needed, check box at and attach additional Schedules B, Par   |                        |                                      | SUBTOTAL              |               | 372                     |  |
| PART 2        | 2 - LOANS REPAID, FORGIVEN OR  | PAID BY A THIR         |                                      |                       |               |                         | 1  |
| DATE          | FULL NAME AND ADDRESS  OF THE LENDER   | AMGUNT                 | (D) AMOUNT FORGIVEN OR PAID BY       | THIS DATA ON SC       |               |                         | UNPAID<br>BALANCE                        |
|               | 1  | REPAID                 | THIRD PARTY                          | 1                     |               |                         | i<br>i                                   |
|               |  |                        |                                      |                       |               | -                       |  |
|               | If more space is needed, check box at  | (a)                    | (b)                                  |                       |               |                         | Park Park Sa                             |
|               | left and attach additional Schedules B, Part 2. SUBTOTA  | L                      |                                      |                       |               |                         |  |
|               |  |                        | MMARY                                |                       |               |                         |  |
| 1. LOAN       | IS OF \$100 OR MORE THIS PERIOD (Part  | 1)                     |                                      |                       | \$            | 372                     |  |
| 2. LOAN       | IS UNDER \$100 THIS PERIOD (Not itemize  | ed)                    |                                      |                       |               | I w tower to live it is |  |
| 3. TOTA       | L LOANS RECEIVED (Line 1 + 2)  |                        |                                      | • • • • • • • • • • • |               |                         | 372                                      |
| 4. LOAN       | IS OF \$100 OR MORE REPAID THIS PERI   | OD (Part 2, Column (a  | ))                                   |                       |               |                         |  |
| 5. LOAN       | IS OF \$100 OR MORE THIS PERIOD FORC   | SIVEN OR PAID BY       | A THIRD PARTY (Par                   | rt 2, Column (b) ) .  |               |                         |  |
| LOAN          | S UNDER \$100 REPAID, FORGIVEN OR  | PAID BY A THIRD P      | ARTY THIS PERIOD                     | (Not itemized)        |               | - Carana and Assessment |  |
| 7. TOTA       | L LOANS REPAID, FORGIVEN OR PAID   | BY A THIRD PARTY       | THIS PERIOD (Line                    | 4 + 5 + 6)            |               |                         |  |
|               | CHANGE THIS PERIOD<br>ract Line 7 from Line 3) Enter the difference  | here and on Line 2, Co | olumn 3 of Summary                   | Page                  |               |                         | <b>s</b> 372                             |
|               |  |                        |                                      |                       |               |                         | (May be<br>negative figure               |

# SCHEDULE E PAYMENTS AND CONTRIBUTIONS MADE

### FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT | COVER | 15 F  | ERIC   |
|-----------|-------|-------|--------|
| FR0M      |       | H 4 C | 0 C == |
| 6 20 92   | 12    | 2 1   | 22     |

AMOUNT

NAME OF CANDIDATE OR COMMITTEE:

COMMITTEE TO ELECT BRENT BLEIER

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (1F COMMITTEE, ALSO ENTER

PAMENSES 1.0.

340072

#### CODES FOR CLASSIFYING EXPENDITURES

| f  | one  | of   | the   | follow  | /ing  | codes  | is ı | used   | to c | describ | e the | e exp | enditu | re, | no written  | desc   | ription | n is ne | eded.  | (No | ote excep | tions - |
|----|------|------|-------|---------|-------|--------|------|--------|------|---------|-------|-------|--------|-----|-------------|--------|---------|---------|--------|-----|-----------|---------|
| th | e ba | ck ( | of th | his sch | iedul | le for | cod  | ies "( | C",  | "l" a   | nd "  | T".)  | Refer  | to  | the back o  | f this | sched   | ule ar  | nd the | Inf | ormation  | Manu    |
| or | Can  | npa  | ign . | Disclo. | sure  | for de | taii | ed ex  | cpla | nation  | is an | d exa | amples | of  | each catego | ory.   |         |         |        |     |           |         |

"C" -CONTRIBUTIONS TO OTHER SURVEYS, SIGNATURE GATHERING. CANDIDATES OR COMMITTEES DOOR-TO-DOOR SOLICITATIONS "1" "F" INDEPENDENT EXPENDITURES **FUNDRAISING EVENTS** "L" -"G" – LITERATURE GENERAL OPERATIONS AND OVERHEAD "B" -"T" -**BROADCAST ADVERTISING** TRAVEL, ACCOMMODATIONS AND MEALS "N" -"p" NEWSPAPER AND PERIODICAL PROFESSIONAL MANAGEMENT AND **ADVERTISING** CONSULTING SERVICES "O" -**OUTSIDE ADVERTISING** 

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank at provide a written description in the "Description of Payment" column.

| L              |                 | 372                          |
|----------------|-----------------|------------------------------|
| L              |                 | 372                          |
|                |                 | <del></del>                  |
|                |                 |                              |
|                | i               |                              |
| 1 1            |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                |                 |                              |
|                | SUBTOTAL        | 272                          |
|                | 305131.74       | 372                          |
| A <b>D V</b>   |                 |                              |
|                |                 |                              |
| e E Subtotals) | s _             | 372                          |
|                | 2               |                              |
|                |                 |                              |
|                | s _             | 2117                         |
|                |                 | 2489                         |
| ne /, Column B | of Summary Page |                              |
|                | ne 7, Column E  | SUBTOTAL  ARY e E Subtotals) |

#### SCHEDULE F

# **ACCRUED EXPENSES** (UNPAID BILLS)

# FORM 420, 430 OR 490

FROM (Amounts May Be Rounded To Whole Dollars) 6-30-33 I.D. NUMBER (IF COMMITTEE

STATEMENT COVERS PERIC

NAME OF CANDIDATE OR COMMITTEE: COMMITTEE TO ELECT BRENT BLEIER

#### CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exception on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the Informatio. Manual on Campaign Disclosure for detailed explanations and examples of each category.

|     |   | paign Discussion for Schalles and Inches |     |   |                                  |
|-----|---|--|-----|---|----------------------------------|
| "C" | _ | CONTRIBUTIONS TO OTHER                   | "S" | _ | SURVEYS, SIGNATURE GATHERING,    |
|     |   | CANDIDATES OR COMMITTEES                 |     |   | DOOR-TO-DOOR SOLICITATIONS       |
| " " |   | INDEPENDENT EXPENDITURES                 | "F" | _ | FUNDRAISING EVENTS               |
| "L" | - | LITERATURE                               | "G" | _ | GENERAL OPERATIONS AND OVERHEAD  |
| "8" | _ | BROADCAST ADVERTISING                    | "T" |   | TRAVEL, ACCOMMODATIONS AND MEALS |
| "N" | _ | NEWSPAPER AND PERIODICAL                 | "P" | _ | PROFESSIONAL MANAGEMENT AND      |
|     |   | ADVERTISING                              |     |   | CONSULTING SERVICES              |
| "0" | _ | OUTSIDE ADVERTISING                      |     |   |                                  |

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank ani provide a written description in the "Description of Payment" column.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE         | DR DESCRIPTION OF PAYMENT | AMOUNT<br>ACCRUED |
|--|--------------|---------------------------|-------------------|
| Kwik Kopy Printing<br>7329 Greenback Lane  |              |                           |                   |
| Sacramento, California   | L            |                           | 2117              |
|  |              |                           |                   |
|  |              |                           |                   |
|  |              |                           |                   |
|  |              |                           | )<br> <br>        |
|  | <del> </del> |                           |                   |
|  |              |                           |                   |
| If more space is needed,   |              | <u> </u>                  |                   |
| check box, and attach additional Schedules F   |              | SUBTOTAL                  | 2117              |

#### SUMMARY

| 1.  | Accrued Expenses of \$100 or More This Period   | 17.                         |   |
|-----|---|-----------------------------|---|
| 2.  | Accrued Expenses of Under \$100 This Period (Not Itemized)  |                             |   |
| 3   | Total Accrued Expenses Incurred This Period (Line 1 + 2)  | 2117                        |   |
| ٠,. | Accrued Expenses Paid This Period (Not Itemized) Enter here and on Schedule E, Line 3                               |                             |   |
| 5.  | Net Change This Period (Subtract Line 4 from Line 3), Enter difference here and on Line 8, Column B of Summary Page | 2117                        |   |
|     |   | (May be<br>negative figure) | _ |